

## TELEFAX COVER SHEET

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TO: Commissioner of Patents  
FAX NO.: 703-872-9318  
FROM: Kin-Wah Tong  
DATE: July 9, 2003  
MATTER: Serial No. 09/925,885 Filed: August 1, 2001  
DOCKET NO.: SAR 14049  
APPLICANT: McBRIDE, et. al

The following has been received in the U.S. Patent and Trademark Office on the date of this facsimile:

☐ Petition  
☐ Disclosure Statement & PTO-1449  
☐ Priority Document  
☐ Drawings (     sheets) informal  
☒ Amendment - 9 pages

☒ Transmittal Letter (2 copies)  
☒ Fee Transmittal (2 copies)  
☐ Deposit Account Transaction  
☒ Facsimile Transmission Certificate  
dated July 9, 2003

CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. §1.8

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Patents, Alexandria, VA 22313-1450 on July 9, 2003, Facsimile No. (703) 872-9318.

CAROL WILSON  
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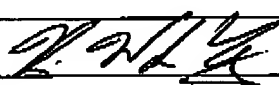
Carol Wilson July 9, 2003  
Signature and date

PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box → ☒Approved for use through 10/31/2002. OMB 0651-0031  
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/925,885
	Filing Date	August 1, 2001
	First Named Inventor	McBRIDE
	Group Art Unit	2874
	Examiner Name	K. S. Wood
Total Number of Pages in This Submission	Attorney Docket Number	SAR/14049

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request – 3 mo. <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/68) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Certificate of Facsimile Transmission</b>
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Kin-Wah Tong, Reg. No. 39,400	
Signature		
Date	JULY 9, 2003	

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# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Complete if Known

Application Number 09/925,885

Filing Date 6/1/01

First Named Inventor McBride

Examiner Name Wood, Kevin S.

Group / Art Unit 2874

Attorney Docket No. SAR/14049

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TOTAL AMOUNT OF PAYMENT (\$) 336

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																																		
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 20-0782 Deposit Account Name: Moser, Patterson & Sheridan The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		<b>3. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td></td></tr> <tr><td>118</td><td>400</td><td>216</td><td>200</td><td></td></tr> <tr><td>117</td><td>820</td><td>217</td><td>460</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>180</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td></td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td></td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td></td></tr> </tbody> </table>		Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	105	130	205	65		127	50	227	25		139	130	139	130		147	2,520	147	2,520		112	920*	112	920*		113	1,840*	113	1,840*		115	110	215	55		118	400	216	200		117	820	217	460		118	1,440	218	720		128	1,960	228	980		119	320	219	180		120	320	220	160		121	280	221	140		138	1,510	138	1,510		140	110	240	55		141	1,280	241	640		142	1,280	242	640		143	460	243	230		144	620	244	310		122	130	122	130		123	50	123	50		126	180	126	180		581	40	581	40		146	740	246	370		149	740	249	370		179	740	279	370		169	900	169	900	
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\*\*or number previously paid, if greater, For Reissues, see above

SUBMITTED BY		Complete if applicable	
Name (Print/Type)	KIN-WAH TONG	Registration No. Attorney/Agent	39,400
Signature		Telephone	(732) 530-9404
		Date	July 9, 2003

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IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

PATENT APPLICATION

*S/A*  
*8 Mar 04*  
*7-11-03*

Applicant: **McBRIDE, et al.**

Case: **SAR 14049**

Serial No.: **09/925,885**

Group Art Unit: **2874**

Filed: **August 1, 2001**

Examiner: **K. S. Wood**

Title: **MICROFLUIDIC OPTICAL SWITCH**

Mail Stop: Fee Amendment  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

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AMENDMENT UNDER 37 C.F.R. 1.111

SIR:

In response to the non-final Office Action dated April 9, 2003 (Paper No. 4), please consider this amendment and following discussion for the above-identified patent application as follows: